

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

FILED

HARRISBURG, PA

UNITED STATES DISTRICT COURT

JAN 25 2021

for the

District of

PER

DEPUTY CLERK

Division

Thomas C. Foster Jr

ROBERT LEE MASER

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

C/O BICKLE
MELONIE GORDAN
CHRISTOPHER A. SCHELL
CENTRE COUNTY CORRECTIONAL FACILITY

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

ROBERT LEE MOSEB

All other names by which
you have been known:

20-0800

ID Number

CENTRE COUNTY CORRECTIONAL FACILITY

Current Institution

700 RISHEL HILL RD.

Address

BELLEFONTE

PA

16823

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

CHRISTOPHER SCHELL

Job or Title (*if known*)

WARDEN

Shield Number

Employer

C.C.C.F.

Address

700 RISHEL HILL RD

BELLEFONTE

PA

16823

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

Defendant No. 2

Name

MELONIE GORDAN

Job or Title (*if known*)

WARDEN (OPERATIONS)

Shield Number

Employer

CCCF

Address

700 RISHEL HILL RD

BELLEFONTE

PA

16823

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

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Defendant No. 3

Name

C/O BICKLE

Job or Title (if known)

Shield Number

Employer

CCCF

Address

700 RUSHEL HILL RD

BELLEFONTE

City

PA

State

16823

Zip Code

☐

Individual capacity

☒

Official capacity

Defendant No. 4

Name

CENTRE COUNTY CORRECTIONAL FACILITY

Job or Title (if known)

Shield Number

700 RUSHEL HILL RD

Employer

Address

BELLEFONTE

City

PA

State

16823

Zip Code

☐

Individual capacity

☒

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

ACCESS TO LAW LIBRARY, DENIED GRIEVANCE FORMS, REFUSAL TO ASSIST OR ALLOW LEGAL CALLS - LISTENING IN ON LEGAL CALLS - ATTORNEY & CLIENT PRIVACY VIOLATED. DEPRIVED HEALTH RIGHTS... INMATES MUST QUARANTINE 14 DAYS - CO'S AND KITCHEN EMPLOYEES CAN COME BACK TO WORK AFTER 24hr PERIOD FREE OF FEVER, ETC.

C.

Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

ALLOWED COVID-19 POSITIVE INMATES FROM HUNTINGTON COUNTY JAIL TO BE HOUSED HERE. CONTAMINATED JAIL BY DOING SO. WIDE SPREAD OF COVID-19 STILL GOING DUE TO OVER-LOOKING CIO'S COMING IN TO WORK AND OTHER JAIL WORKER'S. SHORT STAFFED SITUATIONS CAUSE THEM TO "CUT CORNERS".

DENIED ACCESS TO COURTS & INTERFERED W/ APPEALS & GRIEVANCES.

III. Prisoner Status DENYING ALL MAIL OUT GOING OR IN GOING DUE TO QUARANTINE

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) STATE PROBATION TECHNICAL VIOLATION
(MISSED HOME VISIT)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

SINCE EVERYONE BLAME'S ADMINISTRATION AND PASSES ~~ONTO~~ THE DUCK AND SAY "ITS ABOVE MY PAY GRADE" I'M GOING TO SAY THAT DENIED LEGAL CALLS, DENIED PRIVACY WHEN ON LEGAL CALLS - DENIED GRIEVANCE FORMS AND ONLY FULLY ENFORCING CDC/CDS POLICY WHEN ITS CONVICTION FALLS ON WHO I MENTIONED

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

10/06/2020 — PRESENT & ON GOING

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Our county jail let another county jail send its COVID-19 positive inmates here to be housed. That county was closed due to COVID-19. I was in quarantine when it happened. They allowed inmates to inter-mingle. Then we got quarantined again right after I went to court. I couldn't file appeal. Couldn't speak privately to attorney. Jail allowed kitchen employee to enter (knowing she was COVID-19 positive) jail and come to our POD to tell us she was going home.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I've only so far had mental anxiety & stress, high blood pressure and other mental illnesses peaked due to worrying about COVID-19...

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I don't want to die or be severely ill while I'm here only on a technical probation violation. I want released... I want monetary compensation. I want CDS to come in and take over this crisis w/ COVID-19.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

CENTRE COUNTY CORRECTIONAL FACILITY

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

HERE AT CCCF

2. What did you claim in your grievance?

LACK OF PRIVACY ON LEGAL CALLS & ATTORNEY MEETINGS, DENIED DUE ACCESS, DENIED GRIEVANCE FORMS.

3. What was the result, if any?

SIMPLY GRANTED IT STATED NO ACTIONS

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I was given the forms and always denied for one reason or next

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county and State)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

No

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1.7.21

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Robert Lee Maser
ROBERT LEE MASER
20-0800
700 Rishel Hill Rd.
Ballette PA 16223
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City State Zip Code

Telephone Number

E-mail Address

